**CHRONIC CARE MANAGEMENT PLAN**

**HIV INFECTION/AIDS**

**[To be completed by a licensed mental health provider, physician or other licensed health provider.]**

**OUTREACH AND ADMISSIONS PERIOD**

Please provide the following information on the applicant’s self-disclosed diagnosis of HIV Infection/AIDS. The information provided will be used to assist Job Corps staff in determining the applicant’s health care needs and ability to successfully participate and benefit from the Job Corps program.

All information released will be handled in the strictest confidence and forwarded to the appropriate licensed health and wellness staff for evaluation and review. A copy of your patient’s authorization to release the requested information is enclosed.

1. Date of diagnosis: Age of onset:
2. List any co-morbid medical or mental health disorders known for this patient.

1. List current medications and/or treatment including dosage and frequency prescribed.

1. Has applicant been adherent with medications and treatment? If no, please explain.

1. List past hospitalizations including dates, reason for admission and discharge summaries if available.

1. What is current status and prognosis? Please attach current laboratory reports including most recent CD 4 count and HIV RNA Viral Load.

1. List any history, treatment or prophylaxis of any opportunistic infections.

1. When was the last appointment?
2. Will the applicant need to follow up under your care? If yes, please list the dates and/or frequency of follow up appointments.

1. In your opinion, will the applicant be able to self-manage medications unsupervised and participate in a vocational training program? If no, please explain.

1. In your opinion, will the applicant be appropriate to reside in a dormitory style residence with minimal supervision? If no, please explain.

1. Are there any restrictions or limitations related to HIV Infection/AIDS?

1. List any significant side effects and/or long term toxicities this applicant may experience.

1. What is the applicant’s smoking history?
2. Does the applicant use contraception?
3. Does the applicant have health insurance documentation?
4. What accommodations, if any, do you believe are necessary for this applicant to participate in a vocational training program?

**PLEASE READ:** Job Corps is a residential career and academic training program where students at most centers live in dormitory-style residences with considerable periods of unsupervised time after 3:30 pm and free weekends. Students are expected to have independent living skills and be capable of self-management of their chronic illness. Centers have nursing staff present on weekdays and visits by a center physician are scheduled with frequency determined by the size of each center.

In your professional opinion, are the applicant’s symptoms sufficiently well-controlled and are expected to remain stable enough to participate in the Job Corps program with limited supervision after the training day and on weekends?    ☐ Yes☐ No   If No, please explain.

**Please sign below and return the form in the attached addressed envelope.**

###### Print Name and Title of Licensed Health Provider Signature

###### Phone Date

For any questions, please call:

 Admission Counselor/Health and Wellness Staff Phone